



## ***Calvary Hills Mother's Day Out***

910 West Loop 1604 North  
San Antonio, Texas 78251  
210-663-2159

### ***Admission Information***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name child is called: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Church Association: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Church Association: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **Emergency Contact:**

Name of Person to Call in an Emergency (besides parents) \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

|   |         |         |
|---|---------|---------|
| In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to: |         |         |
| Name of Physician   | Address | Phone # |
| Name of Hospital  | Address | Phone # |
| I give consent for this facility to secure any and all necessary emergency medical care for my child.   |         |         |
| Signature of Parent or Legal Guardian   |         |         |

List any special problems that your child may have such as allergies, existing illness, previous serious illness, and injuries during the past 12 months, any medications prescribed long-term continuous use, and any other information that the staff should be aware of:

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**GENERAL INFORMATION**

Sleep and Nap habits \_\_\_\_\_

Eating Habits or difficulties \_\_\_\_\_

Is Child Toilet Trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any special needs regarding toilet training? \_\_\_\_\_

Fears? \_\_\_\_\_

Behavior habits (Biting nails, tantrums, biting etc.) \_\_\_\_\_

Favorite toys or activities \_\_\_\_\_

Name and ages of Siblings \_\_\_\_\_

Previous experience in a group setting \_\_\_\_\_

How did you hear about MDO? \_\_\_\_\_

Note anything you feel would be helpful to us in caring for and teaching your child.

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I have read and understand the policies of Calvary Hills Baptist Church Mother's Day Out and agree to abide by them. I am aware that the teaching of this program is based on the Calvary Hills Doctrinal Statement of Faith.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have read and received a copy of MDO Parent Handbook.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I agree that I will be providing my child's lunch from home. I agree that MDO is not responsible for its nutritional value or for meeting my child's daily food needs.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I do \_\_\_\_\_ / do not \_\_\_\_\_ give permission for my child to have shared foods and or snacks on special occasions as per policies.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***PICK-UP AUTHORIZATION LIST***

Please list any individuals (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out. Your child may not leave with anyone who is not on this list unless special arrangements are made with the director.

1. \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

5. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## Picture Permission Form

We would like the opportunity to take a picture of your child as part of Calvary Hills BC Mother's Day Out program. Any pictures taken of your child would be used occasionally during the year for classroom crafts and projects within our MDO program.

\_\_\_ **Yes**, I give permission for my child's picture to be used **within the MDO program** for crafts and projects.

\_\_\_ **No**, I do not give permission for my child's picture to be used.

Calvary Hills Mother's Day Out has a Website/Facebook to inform interested parents about our program. We would like permission to use a picture of your child as needed on our MDO website/Facebook. Only images will be used and **no names** would be given.

\_\_\_ **Yes**, I give permission for my child's picture to be used **on the Calvary Hills MDO Website/Facebook** to help other interested parents learn about the program. I understand only my child's image would be used and no name would be given.

\_\_\_ **No**, I do not give permission for my child's picture to be used.

**Child's Name** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_